

# **Contra Costa Children and Families Commission**

## **Draft Strategic Plan Summary**

**May 15, 2000**

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## ACKNOWLEDGEMENTS

Many individuals and organizations contributed to the development of the Strategic Plan for Contra Costa.

**First and foremost we wish to acknowledge all the individuals from the community that participated in our community input meetings and dialogue groups.**

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## **EXECUTIVE SUMMARY**

### **HISTORY OF COMMISSION**

On June 15, 1999 the Contra Costa County Board of Supervisors established the Contra Costa Children and Families Commission to implement the provisions of Proposition 10 adopted on November 3, 1998. (Ordinance 99-15) The Board appointed nine commission members and nine alternate members on September 1, 1999. Since October 1999, the Commission has been engaged in a broad-based, intensive planning process. Parallel strategies of community engagement and professional input to the plan included dozens of community meetings, focus groups, surveys, analysis of existing data and review of literature on best and promising practices. The plan as developed reflects input from parents, community residents, professionals working in areas of child development, health and welfare and family support services. The plan, which must be submitted to the State Commission by June 30, 2000, provides a road map to achieving improved outcomes for young children and their families in Contra Costa. The community engagement process revealed a clear commitment by all sectors of the community to challenge existing problems on behalf of children.

The Commission adopted a vision, mission, desired results and guiding principles to focus its planning efforts.

### **VISION STATEMENT**

Contra Costa's young children will be healthy, ready to learn and supported in safe, nurturing families and communities.

### **MISSION STATEMENT**

The mission of the Contra Costa Children and Families Commission is, in partnership with parents, caregivers, communities, public and private organizations, advocates and county government, to foster the optimal development of our children, zero to five years of age. The Commission supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of our young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental and emotional growth.

### **GUIDING PRINCIPLES AND VALUES FOR DECISION-MAKING**

Before the Commission embarked on the development of the strategic plan, Commission members agreed upon a set of guiding principles and values. The following principles and values provided the foundation for the decision-making related to the various elements of the strategic plan:

#### **Guiding Principles**

- Understand needs of the diverse parts of the County.
- Respect science, best practices, experience, and proven methods.

- Acknowledge that we are not responsible for achieving results on our own.
- Create synergy among systems.
- Respect families. Keep them at the center.
- All children are important; strive to create equal opportunity for all.
- Listen to and engage our community in decision-making.
- Recognize and respect diverse cultures and ethnicities.
- Make a real impact.
- Focus on where we can achieve change.
- Seek to prevent negative outcomes for children.
- Balance need for short-term success with investments that will create fundamental long-term change.
- Support sustainable programs.
- Value accountability at all levels.
- Be willing to change if strategies are not working.
- Influence broader systems and policy change at all levels.

## **THE PLANNING PROCESS**

The planning process was designed around two parallel input strategies: (1) **community engagement** focused on hearing from parents representing the full economic, geographic and cultural diversity of the county, especially harder to reach populations including teen parents, limited English speaking communities, minorities, homeless and parents of special needs children; and, (2) **strategic result area work groups** composed of professionals from government agencies, private non-profit, academia and private business to develop recommendations on areas of critical need, best and promising practices, goals and objectives and key strategies for implementation in their area of expertise.

The process conducted over a four month period included a random telephone survey of Contra Costa residents conducted by the Community Engagement Project, a survey of hard to reach parents distributed by community-based organizations serving those populations and 20 public meetings facilitated in English, Spanish, Mien, Laotian and Vietnamese. The three work groups met an average of five times each in half-day sessions. Additional service provider focus groups provided comment on work group recommendations and elaboration on current needs and potential strategies. The Commission also built upon valuable current existing needs assessment data while recognizing the need for collecting important data that is currently unavailable.

### ***Concerns of Parents and Community Members***

Consistent themes emerged from the community, parents, professionals and existing data that were used to guide the decision making of the Commission as it selected priorities and strategies for funding. Parents concerns included the need for:

- Universal access to affordable, high quality early learning environments.
- Programs that support, connect and empower parents and reduce sense of isolation of families with young children.
- Policies and practices that put the needs of children first in our county.
- Child-safe families, communities and programs.

- Reducing stress on parents who must balance economic well-being with other important needs of children by supporting basic needs such as food, shelter, and clothing for young children and promoting “family-friendly” workplaces.
- Enrichment activities for all children and families, including recreation, literacy and the arts.
- Access to comprehensive health care services for families and children without regard to immigration status or insurance coverage.
- Building on our existing community strengths and successes.

### ***Concerns of the Professional Community***

The work group findings generally reflected concerns similar to those raised by parents. These included access to quality, accessible, and affordable childcare and early learning programs; support for child care providers; services to help providers and parents meet the needs of children with mental, behavioral, and other special needs; access to quality perinatal care for all women and infants; accessible quality preventive primary health care for all children; early screenings and treatment for at-risk children and children with special needs; drug, alcohol, and tobacco-free lives for pregnant women and young children; community safety and quality of life for families, and accessible, culturally appropriate family support services, and parent information and education.

In general, the priority issues raised by the three service provider focus groups coincided with the other key informants. The Childcare and Early Education group emphasized the priority of providing adequate compensation for childcare workers, both to keep currently qualified workers and to attract new workers needed for expanding capacity. Issues coming from the Parent Education and Family Support session covered a range of concerns, from helping families to get access to services to more general issues such as safe communities. The Health and Wellness group emphasized both the need for early access to perinatal care, as well as access for all family members to health care, including medical, dental, and mental health services. All groups recommended creating better systems for informing parents and professionals about finding services, and for making these services more accessible to families in need of them.

## **STRATEGIC RESULTS AREAS**

The Commission selected four *Strategic Results Areas* that define our long-range goals - our desired future for children in Contra Costa. The results areas are consistent with the vision and mission of the Contra Costa Children and Families Commission and the state Proposition 10 guidelines. They are:

### ***Four Strategic Results Areas***

1. Improved Child Health: Healthy Children
2. Improved Child Development: Children Learning and Ready for School
3. Improved Family Functioning: Safe, Nurturing Families and Communities
4. Improved Systems for Families: Integrated, Accessible, and Culturally Appropriate Services

## **PRIORITY STRATEGIES FOR IMPLEMENTATION**

Twelve *Priority Strategies* were selected to achieve the desired strategic results and address the primary concerns of families that surfaced through the needs assessment process. Most of the priority strategies address multiple results areas and are planned as integrated programs to achieve goals within each area. The twelve *priority strategies* are as follows:

1. **Countywide Information and Referral System:** A resource information system (program and services database) with easy access (e.g., website and telephone) for service providers and people-friendly access for parents (e.g., telephone warm-line) with consultants and immediate referral available.
2. **Home Visitation:** Expand and coordinate existing and new home visiting programs for all families prenatal to five years of age, with increased intervention for families where additional support is required to mitigate risks that may affect children's health and development and appropriate family functioning. Focus on family support, parent education, child health and development, early identification of family and child problems, infant-parent bonding, and connecting to services.
3. **Prenatal Substance Abuse Screening, Referral and Services** and substance abuse services for families with children 0 to 5 including tobacco cessation and family-centered treatment.
4. **Mental Health and Special Needs Early Screening and Services:** Consultation by specialists to childcare and in-home care programs, family resource centers and home visiting programs to provide early identification and assessment of children with potential developmental, emotional or physical problems. Consultation may include provider training and technical assistance, and parent-child support.
5. **Family-friendly Communities Grants:** Small grants to communities for community-based health promotion, injury prevention, family support/parenting education, recreation and social enrichment and literacy promotion. These local mini-grants would be community-driven.
6. **Compensation Incentives for Early Childhood Educators:** Financial support for early childhood educators linked to education and longevity in position.
7. **Mini-grants to Improve Childcare and Preschool Facilities and Programs** including accreditation and licensing, facilities development and improvement for special needs children, safety, and equipment and materials especially to develop infant care.
8. **Neighborhood Family Resource Centers:** Neighborhood resource centers linking medical homes and other existing resources (e.g., through schools and community health centers), providing multiple services, educational opportunities and resources for parents, social and peer support; special childcare, early intervention screening services, neighborhood capacity-building and family literacy promotion.

9. **Parents as First Educators and Family Literacy:** English as Second Language and reading development for parents of young children with focus on reading to and teaching their children. Programs promoted through home visitation, family resource centers and child care/preschool programs.
10. **Parent and Public Education:** Multilingual, multi-media education and awareness campaigns to increase knowledge of issues related to child health and safety, community safety, child development, parent-child bonding, parenting practices, early learning and public policy. Parent education classes and peer support programs linked to home visitation, family resource centers and childcare programs.
11. **Cross Disciplinary Training:** Cross training of professionals serving families with children 0 to 5 on effective family support; substance abuse, domestic violence and mental health screening, referral and intervention among other issues.
12. **Policy Development and Advocacy:** Promoting child and family–friendly local, state and federal policies and legislation to support achievement of strategic results.

## **RESOURCE ALLOCATION**

Based on funds received by the Commission in 1999 and the projected revenues for Calendar Year 2000, the Commission has devised a spending plan that takes into account startup costs, long-term financial sustainability, annualized spending for each of the strategic results and program support areas and the administrative costs of operating the Commission. The table below reflects the spending priorities for FY 2000 adopted by the Commission. **Ninety-five percent of the annual budget will be utilized for programs, program support and program sustainability.** Monies set aside for future use will be designated to support program costs only. A maximum of 5% will be allocated for administrative costs.

<b>2000 – 2001 Allocations</b> <b>Based on Projected Annual Revenue of \$13 Million</b> <b>(**All proposed annual allocations are approximations not exact dollar amounts)</b>		
<b>Funding Category</b>	<b>Proposed % of Annual Revenue</b>	<b>Proposed Annual Allocations**</b>
<b>Strategic Results Areas/Twelve Priority Strategies</b>		
1. Healthy Children		\$2.93 million
2. Children Ready for School		\$2.93 million
3. Safe Nurturing Families and Communities		\$2.93 million
4. Integrated Systems for Families		\$1.0 million
<b><u>Total Allocations/Results Areas/Strategies</u></b>	<b>75.5 %</b>	<b>\$ 9.8 million</b>
<b>Program Enhancements</b>		
Long-term Sustainability and Financial Investment	<b>10 %</b>	<b>\$ 1.3 million</b>
Research and Evaluation	<b>5 %</b>	<b>\$ 650,000</b>
Civic Engagement, Public Education and Policy Advocacy	<b>3 %</b>	<b>\$ 390,000</b>
Program Technical Assistance and Support	<b>1.5 %</b>	<b>\$ 195,000</b>
<b><u>Total Allocations Program Areas</u></b>	<b>95%</b>	<b>\$12.3 Million</b>
<b>Administration and Operations</b>		
Administration and Operations	<b>5 %</b>	<b>\$ 650,000</b>
<b><u>Total Allocations Administration and Operations</u></b>	<b>5%</b>	<b>\$ 650,000</b>
<b>TOTAL ANNUAL ALLOCATIONS</b>	<b>100 %</b>	<b>\$ 13 Million</b>

### ***Fiscal Year 2000-2001 Allocations Description***

Costs associated with the strategic results areas are set aside to implement priority strategies.

Program enhancement expenditures are for essential program-related expenses as defined below.

- Long-term sustainability funds will be invested to continue to build a trust fund to sustain the efforts of the Commission as Prop 10 funds are reduced due to lower tobacco sales and inflation.
- Research and evaluation funds will support ongoing costs related to research, data collection, and evaluation activities including integration of data systems to assess progress toward outcomes, research issues and determine emerging needs.
- Civic engagement, public education, and policy advocacy is viewed as an important effort that will keep the Contra Costa community engaged in the ongoing work of the Commission; provide information to the public about the

Commission's programs; support public education campaigns, and allow Commission leaders, staff, and supporters to advocate for legislative and other changes at local, state, and national levels.

- Program support will fund such activities as technical assistance to community agencies, programs and community groups.

Administration and Operations will pay for payroll and benefits, rent, office materials, technology, phones and other related costs of doing business.

### ***1999 Accumulated Reserves: Start-up and Investment***

Since the Commission has been accumulating funds since Proposition 10 became effective in January 1999, these funds have been held in trust by Contra Costa County. As there is a lag time of 2-3 months in the distribution of accruals from the state, approximately \$10.5 million is available in this pool from Calendar Year 1999. (Beginning in January 2000, all funds received will be rolled into the fiscal year 2000-2001 budget.) The accumulated funds will be used to (a) sustain future activities of the Commission as Prop 10 funds dwindle due to falling sales of tobacco products and inflation as well as (b) provide one-time only start-up funds.

The Commission decided to implement the long-term sustainability fund at approximately \$8.3 million during the inaugural year to lessen the burden on subsequent budgets and to more quickly reach the goal of \$25 million. The principal and interest accumulated will be left untouched for a period of years so that the endowment can grow.

In addition, \$800,000 is earmarked for a revolving operating reserve account (6.15% of the annual budget). These funds will ensure that the Commission will always be able to make timely payment on its obligations.

\$1 million was set aside for initial development of data systems and technology.

Other funds (\$400,000) were allocated for Commission start-up, strategic planning and operations costs during 1999.

### **IMPLEMENTATION**

The Commission will immediately embark on development of implementation plans for each strategy defined above. Building on best practices research and keeping in mind specific community contexts, the Commission will develop frameworks for each strategy and criteria for evaluating program proposals. Briefing papers and task groups of program specialists will assist the Commission in developing criteria specific to the needs and assets of Contra Costa communities. Strategies will be implemented in a staged process with some requiring more ramp-up time and/or research than others. Program funding will be allocated through various methods including grants, contracts and memorandum of understanding.

Funding of childcare strategies is planned for late summer or early fall 2000 and will likely be followed closely by the information and referral system and home visitation

implementations in the fall and winter of 2000. Remaining strategies will be developed as others are implemented.

## **EVALUATION AND ACCOUNTABILITY**

Achieving results in the four strategic results areas is a long-term process that begins with immediate efforts to improve systems and services. Thus, both short-term and long-term evaluation strategies are required: the former to ensure that specific projects, activities, and efforts are on target, and the latter to demonstrate that a cumulative effect is occurring from all efforts by the Commission and its collaborators and partners committed to achieving these strategic ends. As the Commission begins to fund projects, evaluation will be a necessary activity within the scope of each project. Simultaneously, the Commission and its collaborators will work to build the long-term data system that will allow measurement of global results over time.

Evaluation will focus upon both process and results-based measures of success (indicators). **Process measures** will cover issues related to specific project performance (level of effort, cost/benefits, activities completed, and timeliness, among others). This focus can apply to small projects, large projects, and to the activities of the Commission itself. **Results-based measures** are oriented towards changes in the functioning and well-being of children and families.

The Commission identified potential short and long-term indicators of success for each strategic results area and the related objectives. Final selection of indicators for evaluation purposes will be determined based on availability and accessibility of data. See Attachment A for a matrix of indicators of success and the priority strategies that will work to achieve results. As stated earlier, a portion of funds will be allocated to collecting reliable data and developing an information system.

## **SUMMARY**

The Commission approached the development of this strategic plan with a clear set of guiding principles and values as the foundation for the development of the specific elements that would be encompassed in the final plan. Voices of parents, professionals, caregivers, and concerned individuals in the public and private sectors were heard, and a thoughtful process was implemented that took into account the needs of a diverse community. At the forefront of each decision about the specifics of this plan, the Commission strived to keep young children and their families at the center of every decision.

The proposed strategic plan represents the combined voices of the diverse Contra Costa community including, public and private organizations, parents, and community leadership. The process revealed an abiding belief by Contra Costans in the power of the community acting together to create better outcomes for children and families and a real commitment to work to that end. The plan includes specific strategies selected as vehicles to drive change. Collaborative, integrated approaches will be required to succeed. Programs will be built on successful efforts already in place and draw from research on proven best practices and lessons learned by others. Respecting the values

of our many cultures and supporting families to do what is best for their children is fundamental to the plan.

Further development and refinement of critical indicators and measures is underway along with development of processes for allocating funds to specific initiatives. This is truly a complex and challenging endeavor that has mobilized broad sectors of the community to participate in creating a brighter future for many of our children.

## **COMMISSION HISTORY AND PLANNING OVERVIEW**

On June 15, 1999 the Contra Costa County Board of Supervisors established the Contra Costa Children and Families Commission to implement the provisions of Proposition 10 adopted on November 3, 1998. (Ordinance 99-15) The purpose of this act is to support the optimal development of children zero to five years of age and their families through the development of a seamless, comprehensive system of information and services.

The Board appointed nine commission members and nine alternate members on September 1, 1999. Members include the chair of the County Board of Supervisors and directors of County Departments of Health, Employment and Human Services, and Community Services. Other members represent various disciplines and backgrounds from pediatrics to early childhood education to child welfare to schools. Alternate members, including the vice chair of the Board of Supervisors and the deputy director of the three county agencies mention above have all the powers of the appointed commissioners except voting privileges.

In September, the Commission met for the first time followed by a one-day retreat to develop vision and mission statements. The following mission and vision was adopted at the October Commission meeting:

### **Vision Statement**

Contra Costa's young children will be healthy, ready to learn and supported in safe, nurturing families and communities.

### **Mission Statement**

The mission of the Contra Costa Children and Families Commission is, in partnership with parents, caregivers, communities, public and private organizations, advocates and county government, to foster the optimal development of our children, zero to five years of age. The Commission supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of our young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental and emotional growth.

### **Guiding Principles**

Guiding principles and values that serve as the fundamental foundation for the work of the Commission were developed over several months of discussion. They are:

- Understand needs of the diverse parts of the County.
- Respect science, best practices, experience, and proven methods.
- Acknowledge that we are not responsible for achieving results on our own.
- Create synergy among systems.
- Respect families. Keep them at the center of our work.
- All children are important; strive to create equal opportunity for all.
- Listen to and engage our community in decision-making.

- Recognize and respect diverse cultures and ethnicities.
- Make a real impact.
- Focus on where we can achieve change.
- Seek to prevent negative outcomes for children.
- Balance need for short-term success with strategies that will create fundamental long-term change.
- Support sustainable efforts.
- Value accountability at all levels.
- Be willing to change if strategies are not working.
- Influence broader systems and policy change at all levels.

The Commission recognized the challenging and remarkable opportunity presented by Prop 10 and the need to work quickly, but inclusively to develop and implement an effective plan to change outcomes for children in Contra Costa. The planning goal of the Commission was to submit a strategic plan to the State Commission by mid-June 2000. Planning began in earnest in November 1999 with the adoption of a strategic planning process developed by the ad hoc Strategic Planning Committee charged with overseeing the process. Committees responsible for various organizational and planning matters including bylaws, nominating, executive search, civic engagement and strategic planning were established. A Civic Engagement Committee with members from the community, community-based organizations and the Commission had already begun meeting. The Commission had received a grant that included technical assistance from The Civic Engagement Project to develop a specific public input process that would continue well beyond the strategic planning phase of the Commission's work. The process was designed to elicit meaningful community dialogue about residents' values and commitment to improving the lives of children as well as their concerns and needs. This project was integrated into the strategic planning process adopted by the Commission.

The planning process was designed around two parallel input strategies: (1) **community engagement** focused on hearing from parents representing the full economic, geographic and cultural diversity of the county, especially harder to reach populations including teen parents, limited English communities, minorities, homeless and parents of special needs children; and (2) **strategic results area workgroups** composed of professionals from government agencies, private non-profit, academia and private business to develop recommendations on areas of critical need, best and promising practices and key strategies for implementation. The recommendations of the workgroups was tested and weighted by the Commission with information gathered from the community engagement process that included a random telephone survey of Contra Costa residents conducted by the Community Engagement Project, a survey of hard to reach parents distributed by community-based organizations serving those populations and 20 public meetings facilitated in English, Spanish and Laotian and Vietnamese. The Commission also gathered and reviewed valuable existing data collected through recent needs assessment processes to assist in targeting needs of children and families.

Beginning in January with the hiring of a team of consultants to work with the Commission, the process began. Community meetings were held and workgroups met mid-January through late April 2000. Additional service provider focus groups commented on work group recommendations and elaborated on current needs and potential strategies. In April and May, 2000 the Commission held several public

meetings including a two-day retreat to review the finding from the two input strategies above and decide on the key desired results, primary strategies to drive change and the allocation of Prop 10 funds. Following the development of the draft plan, three televised public hearings open to all members of the community were held in the primary geographic regions of the county to obtain final input on the plan. Implementation planning began immediately following the retreat.

The final plan was adopted on June 12, 2000 at a regular Commission meeting and submitted to the State Commission.

A timeline of planning activities can be found on the following page.

**Contra Costa Strategic Plan Development  
Timeline January – June 2000**

<b>Timeline</b>	<b>Activity</b>
January – April	Civic Engagement Committee Meetings
January -February	Work Group Formation Committee Meetings
February 22	Community Input Meeting San Pablo
February 23	Work Group Kick-Off Meeting
February 25	Community Input Meeting Lafayette
February 28	Community Input Meeting Hercules
February 28	Parent Education and Family Support Work Group Meeting
March 1	Community Input Meeting Brentwood
March 2	Early Education and Child Care Work Group Meeting
March 3	Community Input Meeting San Ramon
March 3	Health and Wellness Work Group Meeting
March 6	Community Input Meeting Pleasant Hill
March 9	Community Input Meeting Richmond
March 9	Parent Education and Family Support Work Group Meeting
March 10	Community Input Meetings in Richmond and Los Medanos College
March 14	Health and Wellness Work Group Meeting
March 16	Early Education and Child Care Work Group Meeting
March 20	Parent Education and Family Support Work Group Meeting
March 23	Early Education and Child Care Work Group Meeting
March 28	Health and Wellness Work Group Meeting
March 29	Early Education and Child Care Work Group Meeting
April 3	Community Input Meeting Pittsburg
April 3	Commission meeting to prepare for Strategic Planning Retreat
April 4	Community Input Meeting Monument Corridor (Spanish)
April 5	Joint Work Group Meeting
April 6	Community Input Meetings Walnut Creek and Bay Point (Spanish)
April 10	Provider Input Meeting Parent Education and Family Support
April 11	Community Input Meeting San Ramon
April 11	Provider Input Meeting Early Education and Child Care
April 12	Provider Input Meeting Health and Wellness
April 13	Community Input Meetings North Richmond (Laotian, Mien, and Vietnamese)
April 13	Community Dialog Group
April 17	Commission meeting to prepare for Strategic Planning Retreat
April 18	Community Dialog Group
April 20	Joint Work Group Meeting
April 28 - 29	Commission Retreat to develop Strategic Plan
May 8	Commission Meeting follow-up discussion on Strategic Plan
May 15	Commission Meeting adoption of draft Strategic Plan
May 16	Release of Strategic Plan to the public
May 24, 25, 31	Public Hearings on the Draft Strategic Plan
June 12	Commission Meeting Final Adoption of the Strategic Plan

## NEEDS AND ASSETS ASSESSMENT

The needs assessment materials utilized by the Commission for decision-making included information from the summarized community engagement meetings, recommendations from advisory work groups on priority strategies, review of literature on best practices and analysis of qualitative data collected from other planning efforts reflecting what is known about the needs of young children and pregnant women in Contra Costa County.

No single assessment process can capture the scope and breadth of issues affecting families in a county as diverse geographically, economically, and ethnically as Contra Costa. Nor can it fully capture the strengths of our varied communities and neighborhoods, programs, services, public and private agencies, faith community, and people. The Commission is challenged to continue to reach out to examine both where we can support our best efforts on behalf of young children and their families and where we can build programs and services to address critical gaps.

The strategic results area advisory work groups provided essential research and analysis of quantitative data collected through needs assessment and evaluation processes targeting their sectors and disciplines as well as qualitative information illuminating areas of critical concern for the populations with whom they work. The community, especially parents, provided the community's own assessment of the status of children and families and issues they feel are of critical concern. Review of existing reports and reviews on the status of our children also provided meaningful background to the planning effort.

### **Relevant Data and County Demographics**

Several excellent needs assessments and demographic profiles of Contra Costa were completed during 1998 and 1999. They include *Children Now, California County Data Book 1999: How Our Youngest Children Are Faring*; *Contra Costa United Way/Hospital Council Collaborative Community Assessment 1999*; *Northern California Council for the Community: Bay Area's Most Impoverished Neighborhoods 1999 and Building Family Self-Sufficiency and Preparing Children Ages 0-5 for School 1999*; *Contra Costa Children's Report Card Fall 1998*; and the *Contra Costa Local Planning Council for Child Care and Development Plan, 2000*. Most are focused specifically on issues related to children and families. The following information was compiled from these reports to create a picture of the Contra Costa community.

### **Characteristics of Contra Costa**

Contra Costa County is a complex and diverse community reflecting the new face of America. Its 733 square miles encompass areas of exceptional affluence as well as cities and neighborhoods with intractable poverty. The county's residents constitute a community of growing ethnic, social, economic, political, and cultural diversity. Situated near the technology epicenter of Silicon Valley and the financial center of San Francisco, new residents increasingly pour into the area, lured by its idyllic settings and close proximity to the ocean, mountains, and Bay Area amenities.

A 1998 population estimate places the number of residents at just over 900,000 residents (Claritas 1998 Population Estimate). Of this number, infants and children

between birth and five years of age are estimated at 77,000. There are approximately 12,500 births each year. During the 1990's, the total population grew by 12.6 percent, with the growth rate for school-aged youth considerably higher. Demographic projections suggest that the county will continue to grow in population over the next several years. Projections through 2003 suggest an overall growth of 7.5 percent. East and South County regions will experience more of this growth than Central and West County regions.

The ethnic diversity of the county has also grown over the last decade. There are distinct concentrations of ethnic groups in areas of East County (Latino) and West County (Latino, Asian/Pacific Islanders, and African Americans). Smaller concentrations of ethnic populations are found in various other portions of the county, as well. In various neighborhoods and small communities in West, East, and Central County, there are concentrations of residents where the majority of household members over the age of five years speaks English as a second language. The greatest such concentration of English-as-second-language speakers is in East County. The neighborhoods of El Pueblo (in the City of Pittsburg) and Village Drive (in the City of Brentwood) have slightly more than 10 percent of household populations who speak Spanish and little or no English. Throughout portions of West, Central, and East County regions, there are areas with relatively high concentrations of households where the adult population does not understand nor use English as their first language. Spanish, Vietnamese, Laotian, and Mien are the most common languages in use, other than English.

Contra Costa County is both a hometown area with jobs and workers situated locally, and a bedroom community for surrounding financial and technology centers, especially the Silicon Valley and San Francisco. Contra Costa's primary labor market is in the industrial, agricultural and service sectors. Although the local area has added many new jobs over the last several years, by far, the majority of local jobs are in occupations requiring no more than a high school diploma or some post-secondary education or training. These jobs are generally at the lower end of the economic pay scale. The East County area still engages in significant agricultural production. This sector has attracted migrant and seasonal farm workers and their families, many of which have become permanent residents in local area communities.

Forty percent of the workforce population travels outside the county for employment. Many of these workers are employed in higher paying occupations. Thus, the picture of the county as a place of relative affluence, held by many residents and outsiders alike, is explained by local residents working outside of the county in higher paying positions and importing these wages and salaries into the county.

In Contra Costa County, lower income families and relatively affluent families all share common problems related to high cost of living, including high cost of housing, extensive commuting time required between home and job, and a transportation system that is automobile-dominated. Even BART is oriented more for inter- rather than intra-county transportation. All of these factors place economic and time pressures on family wage earners regardless of their household's location on the economic spectrum. Raising a family as a single parent or as two parents working to make ends meet is a distinct challenge.

## **Community Strengths**

Contra Costa County is a beautiful natural area in which to live. Mount Diablo State Park and the surrounding environs is a natural area that is both a park and a home to numerous native species including cougars and smaller predators. The various bays and waterways include regional parks and public access points. The East Bay Hills is a large greenbelt available to local residents for recreational, educational, and meditative experiences. Both urban dwellers and rural residents can find a home in this diverse setting.

Contra Costa County has shown commitment and leadership in regards to families and children as illustrated by the following:

- Contra Costa County is a participant in the Bay Area Flourishing Families Performance Partnership, a joint effort of counties in the region to foster increased local program flexibility and accountability for specific, measurable results, with a focus on families of all kinds being strengthened, preserved, and flourishing.
- The county has a Children and Families Policy Forum whose purpose is to work together toward improving the health, strength, well being, and quality of life of children and families in Contra Costa County. The Policy Forum is a critical element in the county's system-wide planning efforts for human services.
- Contra Costa was one of the counties early on to make efforts to provide services for women with substance abuse issues who were pregnant or parents of young children.
- The county assists residents in neighborhoods with many health problems to map their own assets and needs and implement their own community health improvement projects.
- The county established a registry to track children's immunizations and remind providers and parents when immunizations are needed. The registry is designated by the State of California as a model for replication in other counties.

Community-based and voluntary services are well developed, with a strong childcare services network in place, and with numerous local organizations actively devoted to helping specific population groups overcome problems of daily life. In the various sub-regions of the county, neighborhood associations and other community networks have been established to bring residents together.

The diversity of the population can be seen in several dimensions: economic; racial/ethnic diversity; various life styles of choice; and preferences for urban, suburban, and rural settings. Throughout the various communities, many local residents have found time to devote to community service in the voluntary sector. The commitment of individuals and the public and private sectors to issues that affect children and families provides a real benefit to any effort to improve the lives of young children in Contra Costa County.

## Data From Existing Studies and Reports

- There are approximately 12,500 births each year in Contra Costa. Women of color make up nearly half of all births. School age mothers accounted for about 9% of births or about 1,073 births each year to teens.
- Many mothers do not receive the prenatal care that would give their babies the healthiest possible start in life. The problem is greatest among African American and Southeast Asian women. 14% of women in Contra Costa have late or no prenatal care. With late care or no care reaching as high as 30% in some parts of the county and among some ethnicities.
- 6% of babies are born each year with low birth weight with that percentage reaching as high as 9% percent in some areas of the county. The infant mortality rate is nearly 6% and as high as 11.5% among African Americans.
- 15% of pregnant women reported smoking during pregnancy.
- Too many children in Contra Costa County lack basic primary health care, including dental and mental health care services. The problem grows as more new Americans move to Contra Costa. 31% of children do not have up-to-date immunizations by 24 months. 15% - 21% of 0-5 children do not have medical insurance.
- 15% or more than 11,000 children age 0–4 live in poverty. In ten neighborhoods more than half of the children live below the poverty level; in large parts of the county up to 40% of children live in poverty. 12% of families are eligible for TANF. 28% of children require free or reduced lunch. 15,413 currently require WIC.
- The cost of living for a parent with two children far exceeds full-time earnings at minimum wage. The fastest growing occupations do not provide wages that a family can survive on in Contra Costa. The cost of housing is high with 84.7 % of a minimum wage earner's income required for housing.
- The entire county suffers from a growing childcare crisis as providers leave the field due to low wages and lack of benefits. The lack of trained, experienced providers threatens to lower the quality of childcare for many children during the crucial early years of brain development. The number of children with parents in the workforce who may need child care under five years of age is 44,705. The total number of spaces in all kinds of programs is 37,233 with the greatest gap in availability in infant care. The average cost of full time childcare for infant and preschool children is \$750 for those under two years and \$550 for those 2-5 years. Fewer than 25% of the nearly 16,000 children 0-5 eligible for subsidized childcare have been able to receive it.
- 40% of third graders have math and reading skills below national averages. Only 52% of children 3–4 years old eligible for Head Start are enrolled.

- Unacceptable numbers of families are at risk due to substance abuse, violence, isolation, poor parenting skills or other conditions that can result in children being abused, neglected or failing to thrive. There are 20,000 child abuse reports each year. 600 children 0–5 are in foster care.
- There are an estimated 2,154 children 0-5 with special needs.
- Access to services is made difficult for our many more vulnerable residents due to the lack of sufficient or efficient public transportation within the county.

The county's ability to fully understand community needs and assets is hampered by the frequent lack of baseline data about the scope and types of needs experienced by families of differing backgrounds living in different parts of the county. The county also has insufficient information about what kinds of programs are working best. Program administrators often do not have the tools or resources to carry out evaluations needed to gauge the effectiveness of health, mental health and family support programs.

*Additional quantitative information gathered in the needs assessment process can be found in the workgroup and community engagement appendices. (Appendix A and Appendix B)*

### **Advisory Work Groups: Findings**

The Contra Costa Children and Families Commission established three advisory strategic planning work groups corresponding to three primary key results areas reflected in the vision of the Commission: 1) Parent Education and Family Support; 2) Health and Wellness; and 3) Early Education and Child Care. As the Commission's main vehicle for input from professionals and experts in these areas, the work groups were to provide recommendations on critical needs, best and promising practices and programs, priority strategies and results measurements.

Work groups met over a period of three months to develop goals, objectives, strategies and indicators in their result areas. In final sessions, the work group members met as a whole group to identify strategies that cut across more than one result area. The Commission felt that these integrated strategies were likely to point the way to the most effective and efficient use of local Prop 10 funds.

Each work group completed four products:

1. Baseline picture of community indicators and demographics.
2. Countywide community services inventory including County and CBO programs.
3. Literature review and report on best and promising practices.
4. Recommendations on:
  - critical areas for action,
  - primary strategies to address needs,
  - measurable outcomes to determine whether the strategies were accomplishing desired objectives, and
  - opportunities to achieve service integration.

## **Work Group Composition**

Each work group had twelve to fifteen members who are professionals and experts drawn from various sectors working in each issue area. General categories of participants included representatives from academia, non-profit service providers, for-profit service providers, government agencies, advocacy groups, advisory groups, parent groups, and special needs groups. In selecting the work group members, the Commission attempted to balance geography and ethnicity as well as organizational representation. Each work group also included two Commissioners with expertise in the specific results area.

Participants in the health and wellness workgroup were recruited from public and private sector hospitals and public health programs including substance abuse, mental health, prenatal and postnatal services, and pediatrics among others. Participants in the family support work group were drawn from school district parent education programs, community-based organizations working on family support, child abuse prevention and early intervention, children's mental health and foster parent support, and public sector family support services that included home visiting, parent education and pediatrics. Members of the early education and childcare work group were drawn from public and private childcare centers and family child care homes, community-based children's mental health services and the county child care council. For complete listings of workgroup members, see Acknowledgements on page 3.

## **Work Group Process**

The work group plan called for each work group member to participate in six half-day meetings between February 23 and April 20. The first meeting on February 23 and the last two meetings on April 5 and April 20 were joint meetings.

At the opening meeting on February 23, participants met together to go over the work group charges and deadlines. Then they broke into two-hour work group sessions to get to know each other, discuss tasks and deliverables, and begin working on goals and objectives, existing data, and resources in each focus area.

From the end of February through March, the work groups met separately in four-hour sessions to develop their work products. Between meetings, researchers and the facilitators assembled resource and best practices information, and goals, outcomes, and strategies into readable formats, and revised them as requested by work group members.

At the final joint meeting, work group participants developed a set of recommended guiding principles and criteria for the Commission to use in selecting key strategies to achieve strategic results. They then identified strategies from their individual work groups that could be integrated and used to address multiple strategic results areas.

## **Summary Of Individual Work Group Findings**

The following are brief summaries of the findings of each work group including goals, objectives, priority strategies, and best practices. For full reports for each workgroup, see Appendix B.

### **Parent Education and Family Support Work Group**

The work group's overarching strategic goal was "Healthy, Competent, and Supported Parents and Children." To achieve this result, the work group called for accessible, culturally appropriate family support services, and parent information and education. More specifically, the work group's three objectives dealt with improving parent-child interactions, reducing child abuse and neglect by providing supportive services to families, and reducing the isolation of parents of young children.

Best practices in this area stressed comprehensive services available and easily accessible in the communities where families live, and intensive parent education tailored to the needs of individual parents. Under the objective of reducing the abuse and neglect of young children, the work group called for prevention and treatment training for professionals who already work with families (e.g., pediatricians, childcare providers, substance abuse professionals), and expanded parent education and support, especially through the use of home visits starting during pregnancy. Priority strategies to reduce the isolation of families with young children identified by the work group were creating neighborhood/community family resource centers; enhancing and coordinating home visitation programs targeting parent education and parent-child bonding; expanding family literacy programs with the use of lending libraries providing multi-lingual books; developing a countywide system of information and referral easily accessible to families, and multi-lingual and multi-cultural public/parent education campaigns.

### **Health and Wellness Work Group**

To achieve the overall strategic result of "Healthy Children," the workgroup stressed high quality perinatal care for all women and infants, accessible quality preventive primary health care for all children, early screenings and treatment for at-risk children and children with special needs, and drug, alcohol, and tobacco-free lives for pregnant women and young children. To achieve these objectives, the work group called for affordable health insurance (including dental and mental health care) for pregnant women and young children, and culturally appropriate outreach and education to families about good health practices. The group also recommended early and periodic health/developmental/mental health screenings for all children, with prompt early intervention and case management services as needed. In addition, the work group stressed the need to train health care professionals, childcare providers, and other family services providers in health promotion and injury prevention. In recognition of the concern expressed by parents in the community meetings about community safety and quality of life for families with young children, the workgroup recommended community-driven programs to address public safety, prevention, good nutrition, physical exercise, and community-building.

Priority strategies included coordinated home visitation and case management, cross-training of professionals to assist in identification of problems and early referral,

neighborhood-based family resource centers co-located with medical homes for children and families, enhance substance abuse identification, referral and treatment including perinatal substance abuse screening and referral at medical sites, community-based tobacco cessation and services for children affected by parental substance abuse, mental health consultants available at key contact sites for children and families to conduct early screening, community-building mini- grants and policy development and advocacy for full coverage for children 0 – 5 and pregnant women.

### **Child Care and Early Education Work Group**

The work group's overall goal was "Children are Learning and Ready for School." The group's objectives covered quality, accessibility, and affordability in childcare and early education. Recommended strategies addressed what the work group saw as the two greatest challenges to the provision of quality, accessible, and affordable childcare and early learning: (1) the child care staffing crisis as providers are driven from the field by low pay; and (2) the lack of services to help providers and parents meet the needs of children with mental, behavioral, and other special needs.

To address the staffing crisis, the work group's strategies include providing substantial incentives to providers, with the incentives linked to higher levels of training and experience. To provide services for children with special needs, the workgroup called for increasing the number of mental health professionals experienced in working with childcare settings, who are available to consult with child care providers, as well as training childcare providers in accessing services and helping parents with referrals.

Other priority strategies were aimed at increasing the accessibility and affordability of childcare by providing grants to childcare programs for licensing and accreditation, advocating for state and federal programs to increase childcare subsidies, working with local governments to implement "childcare friendly" zoning and transportation policies and programs, and encouraging businesses to help families by subsidizing childcare costs and allowing parental leave for the care of sick children.

### **Integrated Strategies of Workgroups**

Strategies that emerged as primary tools to achieve goals in all of the three focus areas were:

1. Family Resource Centers
2. Cross Disciplinary Training of Professionals
3. Home Visitation
4. County-wide Information and Referral
5. Substance Abuse Services, including tobacco cessation
6. Public Education Campaigns
7. Mental Health and Special Needs Screening and Services
8. Family-friendly Community-Building and Community-driven Prevention Efforts
9. Strategies such as incentives for child care providers and grants for childcare site improvement to increase availability of quality care and early education
10. Policy development and advocacy at the local, state and federal levels, including:
  - Universal access to preschool
  - Benefits for childcare providers

- Extended parental leave with pay
- Continuous Medi-Cal coverage during pregnancy and infancy
- Universal access to health, mental health and dental care
- Universal healthcare for all children regardless of legal status.

Infrastructure and systems change initiatives mentioned by work groups as essential were:

- Comprehensive, integrated data collection systems
- Coordination and integration of current programs that serve families beginning with prenatal services and continuing to age five.
- Systematic, collaborative planning among public and private providers.

### **Civic Engagement**

The Contra Costa Children and Families Commission implemented a two-stage civic engagement strategy that included community meetings, a survey of hard-to-reach populations, and “dialogue groups” or meetings where parents, service providers, and policy makers engaged in discussion together. Complete reports on the civic engagement effort can be found in Appendix A.

Contra Costa County is also one of the eight Bay Area counties participating in a special initiative sponsored by The Civic Engagement Project, a foundation-funded effort. As part of this initiative, Commission members and staff received special funding and technical assistance designed to enhance the civic engagement effort.

Between February and April 2000, 18 community input meetings were offered in 12 different cities in Contra Costa County. Eleven meetings were offered in English, five meetings were offered in Spanish, two meetings were offered in Laotian and Vietnamese, and one meeting was offered in Mien. (Some meetings had facilitators available in more than one language.) While most meetings were held in the early evening, some were also offered during the day to accommodate the schedules of parents with young children. Refreshments were offered at all meetings and on-site childcare was available for most meetings. The community meetings were scheduled in two waves. After the first 11 meetings, the civic engagement committee of the commission reviewed the level of participation and asked themselves whose voices had not yet been heard. As a result, the final seven meetings were designed specifically to invite the participation of Spanish-speaking community members, community members who speak South East Asian languages, and stay-at-home parents. For these last seven meetings, additional participation incentives (gift certificates) were offered.

Slightly more than 300 community members attended these meetings. Facilitators asked for input on the following five questions and structured the discussion accordingly:

1. What are your dreams and hopes for Contra Costa County's children ages zero to five? What kinds of experiences do you want for all of our babies and young children?

2. What strengths exist in our communities that are helping these dreams come true now? What can we build on so that all of our babies and young children have access to the kinds of experiences we want them to have?
3. What keeps these dreams from being realized now? What gets in the way? What are the issues facing families with children 0-5 in our community?
4. What do you think we, as a community, should do to make a difference in the lives of young children? Who in the community should be involved?
5. How will we know if we are successful?

The Commission was aware that there are sectors of the community who may be uncomfortable with participation in a public forum. To capture the input of these families in the Proposition 10 strategic planning process, a brief written survey was distributed to parents of children 0-5 who were considered unlikely to attend group meetings. Community based agencies who serve the following populations were asked to distribute surveys:

- Families of children with special needs.
- Teen parents.
- Families on the subsidized child care waiting list or whose childcare is subsidized through the Alternative Payment program.
- Head Start.
- Gay/lesbian/bi-sexual families.
- Homeless families.
- Incarcerated parents.

The surveys asked for some descriptive information about the respondent and then asked the following three open-ended questions that are similar to the questions posed in the community input meetings.

1. What are the three most important experiences that you want for all babies and young children in Contra Costa County?
2. What do you think are the three most important issues facing families with young children 0-5?
3. What are three things that we, as a community should do to help families in Contra Costa support the development of our youngest children?

Two hundred and thirty-five valid survey responses were returned. These responses included surveys from each of the targeted special populations. Of the 235 valid responses, 202 were from parents of children 0-5. Responses were received from parents in 20 different cities in Contra Costa County. Most respondents (211) are women. Eighty-one percent of the respondents speak English as their primary language, and 13 percent speak Spanish as their primary language. Other characteristics of the respondents to the special population survey are described in Appendix A, Section 8.

Finally, the Commission hosted two “dialogue groups” that comprised Stage II of the civic engagement effort. Dialogue groups differed from the previous community input groups in several ways. While the intention of the community input groups was to hear from parents in the community, dialogue groups were opportunities for conversation between parents, service providers, and policy makers. Community input groups asked broad questions about the concerns and priorities of families with young children in Contra Costa County, while the dialogue group asked members to consider choices and explore values to guide the decision making of the Commission. Groups were not asked to reach consensus; rather, they were asked to speak their truth and listen to their neighbors so that they might discover what perspectives they share, and where tensions and differences exist.

One dialogue group was held in the early evening and the other was held in the morning. Each dialogue was two hours long. One group had 18 participants and the other had 35 participants. The structure and agenda of each dialogue group was developed in collaboration with staff from the Civic Engagement Project, and was based on issues that were identified from community input meetings. Each group was asked to identify “common ground” to represent principles that the entire group could support.

### **Summary of Civic Engagement Findings**

Detailed findings from each type of civic engagement activity are included in Appendix A. Certain themes surfaced across all of the community input venues, and others are unique to specific populations.

The following broad themes emerged from the civic engagement process:

- *Universal access to high quality early learning environments: - Quality, Access, Affordability, and Parents as First Teachers*  
There is a broad consensus that all children should enjoy high quality, early learning environments. For many children and families, these environments are in out-of-home care. Parents in the community understand the relationship between the quality of caregivers and the quality of childcare, and consequently advocate for action that will improve the educational level, compensation, and respect for childcare workers. The need for access to childcare that accommodates the needs of families and that is affordable is heard consistently throughout the county. Infant childcare slots are mentioned as a particularly critical need. For other families where children are not in out-of-home childcare, and the community strongly recommends strategies that prepare parents as first teachers so that those children are also supported to enter kindergarten ready to learn. Families whose primary language is other than English would like to encourage the growth of bilingual and bicultural child development services.
- *Financial Stress*  
>From Bethel Island to San Ramon to Richmond and at all points in-between, the cost of living in Contra Costa and the Bay Area in general is a significant stress factor for families. Parents express distress at the choices they feel pressured to make to survive economically. It seems that families in all income ranges, from poverty level to quite affluent, feel that economics push them to make choices that may not be optimal for their children’s development. The community recommendations that follow from this issue include responding to basic needs of

food, shelter, and clothing for young children, as well as working with Contra Costa employers to create more “family-friendly” workplaces.

- *Parent support and empowerment: putting the needs of children first*  
There seems to be nostalgia for a time and way of life where families and children were the central priority of the community. Parents feel rushed and isolated, and without the kinds of natural and informal supports that ease the daily burdens of life with small children. The prevalence of the simple wish to allow children to be able to play outside speaks volumes about the degree to which families feel that communities, both rich and poor, inner city and suburban, are unfriendly to young children. Parents would like to see a manifest shift in the way our culture values young children and their families. The community looks to the Commission for leadership in supporting networks that will connect, support, and empower parents of young children to enable such a change to take place.
- *Safety*  
Parents concern for the safety of their children is a theme mentioned in many different contexts. At the broadest level, parents are concerned about neighborhood safety with respect to crime, risk of abduction, and the danger to small children posed by cars. A common concern was the safety of public spaces like parks and playgrounds. Parents are concerned about both maintenance of facilities and equipment and also the presence of drug and alcohol use in these public venues. Immigrant families in particular voiced concern about their children’s vulnerability to gang activity. Other aspects of safety have to do with safety in out-of-home care environments. Parents want to know that the child-care and school facilities to which they entrust their children are staffed by well-trained and supervised staff who are familiar with and use best practices to ensure health and safety. Spanish speaking families in particular mentioned health and safety issues with regard to safe and adequate housing. Finally, safety issues inside the home were raised by parents who would like to see Proposition 10 resources used to address the needs of young children at risk of child abuse and neglect.
- *Access to comprehensive healthcare services*  
All parents wish their children to be healthy and for healthcare services, broadly defined, to be available. Many families, particularly those with children who have special needs, specifically mentioned developmental screening, early intervention, and mental health services as critical areas for young children. Immigrant families ask that healthcare services be available to all families without regard to immigration status or insurance coverage. Families would like healthcare services to be available in their own language, and in places (geographic) that are easy for them to get to with young children.
- *Enrichment Activities for All Children and Families*  
Community members expressed the wish that all children and families, regardless of income or geographic location, have fun, developmentally appropriate enrichment activities available. The kinds of activities mentioned include library programs, dance, gymnastics, music, cultural celebrations, storytelling, and science education, among others. The vision is for enrichment activities to be available in all neighborhoods, and for activities to go where the

children are, for example, by mobile vans to childcare programs or local community centers. Many parents also expressed the need for enrichment activities for school-age children, particularly during after-school and school vacation periods.

- *Building on Existing Strengths*

The community is aware of many existing strengths, and wants the Children and Families Commission to use those strengths in their work. Mentioned most frequently was the concern and involvement of parents. Also noted is a well-organized community of childcare providers and many high quality child development programs that can be resources in “raising the floor” of programs whose quality is not adequate. Many parents cite individual family support programs and healthcare programs as strengths and models. Families from throughout the county cite their faith communities as a place of support and strength. Immigrant families in particular look to tradition and culture as a significant source of strength.

These themes are generally consistent with the findings of a telephone survey of 404 Contra Costa residents (attached as Appendix B, Section 9) conducted in late 1999 under the auspices of the Civic Engagement Project. High priority issues identified in that representative sampling of the general public included the need for safe and drug free homes, high quality and affordable early learning environments, support networks, and balancing the demands of work and children. The survey also affirmed the belief by Contra Costa residents that outcomes for children positive or negative affect us all.

The Commission is committed to on-going meaningful involvement of the community in the work that is being developed, implemented, and accomplished through the use of Proposition 10 funds in Contra Costa County. Listening to the community and engaging them in our decision-making process is one of the key principles and values adopted by the Commission. This commitment is reflected in the development of a funding area entitled Civic Engagement, Public Education, and Policy Advocacy. Allocating funds in this area will ensure the continued dialogue between the community and the Commission. This continued dialogue and partnering with the community supports the guiding principle and value that the Commission is not responsible for achieving results on its own and views all sectors of the community as partners in this endeavor.

### **Community-Based Organizations/Services Providers: Summary of Focus Group Discussions**

Three focus discussion groups were convened for representatives of community-based organizations and services providers, one for each of the three strategic results areas. An open invitation was extended to representatives inviting their participation. The sessions were held on April 10, 11, and 12, 2000; attendance ranged from 15 to 30 participants in each group.

The agenda for each group was similar: After an introduction by the Commission Chairperson, each group was asked to respond to three structured questions:

1. *What are the greatest needs that you see for the health and wellness of children, prenatal to five years of age, and their families?*
2. *What effective strategies can address these needs?*
3. *What are your thoughts about ensuring integration of services so that the community has the greatest possible access to them?*

After consideration of these questions, each group was given a brief summary of the emerging goals, objectives, and priority strategies being developed by the respective advisory work group. Responses were once again invited from participants. All of the ideas and comments emerging from these three focus discussion groups are contained in three separate summaries of proceedings located in Appendix B. These results were shared with Commission members and provided another set of perceptions and observations as material for the Commission's consideration.

In general, the findings, observations, and suggestions emanating from the three service provider focus groups coincided with the material generated by the civic engagement process and the work groups. The Childcare and Early Education group emphasized the priority of providing adequate compensation for childcare workers, both to keep currently qualified workers and to attract new workers needed for expanding capacity. Issues coming from the Parent Education and Family Support session covered a range of concerns, from helping families to get access to services to more general issues such as safe neighborhoods. The Health and Wellness group emphasized both the need for early access to perinatal care, as well as access for all family members to health care, including medical, dental, and mental health services. All groups recommended creating better systems for informing parents and professionals about finding services, and for making these services more accessible to families in need of them. In this regard, the findings are highly consistent with what the community input sessions revealed and with the collective thinking of the advisory work group members.

## STRATEGIC PLAN ELEMENTS

### **Strategic Results Areas**

The Commission selected four *Strategic Results Areas* that define our long-range goals - our desired future for children in Contra Costa. The results areas are consistent with the vision and mission of the Contra Costa Children and Families Commission and the California Proposition 10 guidelines. They are:

#### **Four Strategic Results Areas**

1. Improved Child Health: Healthy Children
2. Improved Child Development: Children Learning and Ready for School
3. Improved Family Functioning: Safe, Nurturing Families and Communities
4. Improved Systems for Families: Integrated, Accessible, and Culturally Appropriate Services

Drawn directly from the vision statement of the Commission, the desired results above reflect the Commission's commitment to addressing the whole child within the context of his/her family and the family in the context and culture of their community. It is our vision that all Contra Costa's children are born healthy and grow up healthy. Their mothers have quality prenatal care. Each child has a primary medical home where they receive regular care and early screening for developmental, physical or emotional problems. They live in homes free of tobacco use and substance abuse. Children are safe and secure in their homes, childcare and preschool environments and communities. Parents are competent and confident in their parenting and supported by their communities to do the best for their children. Children are valued and nurtured by their families and communities. They have quality early learning opportunities from parents, and/or preschool. They enter kindergarten ready for school.

### **Goals and Objectives for the Four Strategic Results**

Through a process of reviewing goals and objectives that were developed by the advisory work groups and reviewing reports on the civic engagement activities, including the summaries of proceedings from the community based organizations and service provider sessions, the Commission adopted goals and objectives in each of the four strategic result areas. These goals and objectives are presented below

## **I. Strategic Result Area: Improved Child Health: Healthy Children.**

### ***Goal 1. To promote early access to quality perinatal care for all pregnant women of all ages.***

Objective 1.1. Increase the percentage of pregnant and parenting women who abstain from using tobacco, alcohol, and other drugs.

Objective 1.2. Increase the percentage of pregnant women with early entry into prenatal care.

Objective 1.3. Increase the quality of perinatal care for pregnant and parenting women. This includes prenatal, intra-partum and post-partum care, parenting education and promotion of parent-infant attachment, nutrition and breastfeeding education, appropriate referrals for dental care, tobacco/drug/ alcohol treatment, domestic violence screening and intervention, mental health including screening and intervention for post-partum depression, family planning, and education about SIDS "Back to Sleep."

### ***Goal 2. To promote access to quality preventive, well-child primary care for all children birth to age 5.***

Objective 2.1. Increase the percentage of children with access to preventive/primary health care (including well-child care, general medical care, and dental care). This includes health/developmental screenings, lead screenings, immunizations, guidance on child development/health promotion/injury prevention, nutrition counseling, dental care, mental health counseling, and medical care.

### ***Goal 3. To promote early screening, appropriate identification, and early intervention services for at-risk children and children with special needs and their families.***

Objective 3.1. Increase the percentage of children and families who have access to early screening, appropriate identification, and early intervention services for at-risk children and children with special needs and their families. At-risk and special needs include developmental delay, mental/behavioral health issues, parental substance abuse, domestic violence, child abuse/neglect, physical disabilities, and chronic medical conditions.

### ***Goal 4. To promote and ensure safe and healthy environments for all children and families at home, in the community, and in child care.*** This goal includes promoting recreation and exercise, preventing illnesses from environmental hazards and tobacco smoke, and preventing injuries and death from drugs/alcohol, violence, motor vehicles, SIDS, drowning, poisoning, burns, falls, and unsafe housing.

Objective 4.1. Decrease the percentage of children exposed to tobacco smoke and environmental pollution at home, in the community, and in childcare.

Objective 4.2. Increase the percentage of children living in safe and healthy environments with access to active recreational opportunities and good nutrition.

## **II. Strategic Result Area: Improved Child Development: Children Learning and Ready for School**

### **Goal 1. Quality: To promote culturally appropriate, high quality, nurturing childcare that fosters optimal development and learning potential.**

Objective 1.1. Enhance program quality by recruiting, educating and retaining a well-qualified work force

Objective 1.2. Upgrade program quality by increasing the number of providers who are accredited.

Objective 1.3. Increase the ability of childcare providers to effectively serve children with emotional, behavioral, or other special needs in typical child care settings.

### ***Goal 2. Accessibility: To aid families and young children by providing child care services that are available and accessible.***

Objective 2.1. Develop sufficient capacity to serve all Contra Costa children 0 to 5 who need childcare.

Objective 2.2. Make child care accessible to all families, including those whose children have special needs.

### ***Goal 3. Affordability: To ensure the availability of affordable child care for every family who needs it.***

Objective 3.1. Inform and educate businesses, community-based organizations, public agencies, and policymakers about childcare quality and affordability issues, and generate broad public and private support for childcare and early education.

Objective 3.2. Advocate that all children who need specialized childcare will receive services.

## **III. Strategic Result Area: Improved Family Functioning: Safe, Nurturing Families and Communities**

### ***Goal: Healthy, Competent, and Supported Children and Families.***

Objective 1: Enhance parent-child interaction to improve child behavioral functioning.

Objective 2: Reduce the number of children (prenatal to age 5) who are abused and neglected, through a continuum of family support, recognizing the unique needs and strengths of each family.

Objective 3: Enhance the experience of parenting by reducing isolation of parents of young children (prenatal to age 5).

**IV. Strategic Result Area: Improved Systems for Families: Integrated, Accessible, and Culturally Appropriate Services.**

**Goal 1: To create a seamless system of programs and services based on a holistic approach to children and families.**

Objective 1.1. Support development of services that reduce disparities in health status, school readiness, and family functioning across ethnicities and geographical areas.

Objective 1.2. Promote accessible services for families with special needs.

Objective 1.3. Integrate services so that families feel they are in a seamless system of care.

Objective 1.4. Integrate and share information about services in a respectful and confidential manner.

Objective 1.5. Promote and support policies and practices that maximize revenues and fund allocations.

Objective 1.6. Develop cross-professional training so that professionals from various disciplines achieve a better understanding of the needs of children and families from a comprehensive perspective rather than solely from their own respective disciplines.

**Goal 2: To develop and promote policies that make children and families a priority.**

Objective 2.1. Conduct a countywide feasibility study to assess costs to build capacity for quality, accessible, and affordable childcare for all.

The goals and objectives were translated into long-term results, objectives, priority strategies and indicators for the purposes of outcomes based planning and evaluation.

## **PRIORITY STRATEGIES FOR IMPLEMENTATION**

Prior to the Commission's two-day strategic planning retreat where priority strategies were selected, the Commission developed a set of criteria to be used in selecting strategies for funding and reviewed needs assessment materials from community engagement and work group processes as well as existing relevant data. Recommended strategies from the work groups were given primary consideration. Strategies that cut across multiple strategic results areas or could address critical needs that are not likely to be addressed elsewhere rose to the top of the Commission selections. The Commission was mindful of the need to promulgate some strategies that would potentially touch all families and children as well as those targeted to more vulnerable populations. The Commission attempted to strike an appropriate balance between strategies that may demonstrate short-term success with those prevention strategies that will require a long-term commitment to realize results. Strategies that mitigated the critical transportation issue in our county by affording optimal access to services and programs for families were considered the most appropriate and desirable. Strategies also needed to be adaptable to accommodate diverse communities.

### **Selection Criteria for Strategies**

Selected strategies were required to meet some or all of the following characteristics.

- Proven to work based on evidence.
- Creates linkages among systems, programs, or organizations.
- Creates or builds on existing services delivery platforms.
- Creates foundation or infrastructure to support strategic results.
- Funds not available elsewhere.
- Matching funds available to support strategy.
- Promotes coordination of services and blending of funds.
- Addresses multiple populations.
- Tests a new, promising strategy.
- Can create a measurable long- or short-term impact.
- Has real potential to create sustainable change.
- Builds community capacity to support parents to create better futures for their children.
- Addresses critical need in short term.
- Supports collaboration among multiple agencies, institutions, funders, and/or communities.

### **Selected Priority Strategies**

Twelve *Priority Strategies* were selected to achieve the desired strategic results and address primary concerns of families that surfaced through the needs assessment process. Most of the priority strategies address multiple results areas and are planned as integrated programs to achieve goals within each area. A review of best practices related to these strategies can be found in Appendix B, Sections 1.3, 2.3 and 3.3.

The twelve *priority strategies* are as follows:

1. **Countywide Information and Referral System:** A resource information system (program and services database) with easy access (e.g., website and telephone) for service providers and people-friendly access for parents (e.g., telephone warm-line) with consultants and immediate referral available.
2. **Home Visitation:** Expand and coordinate existing and new home visiting programs for all families prenatal to five years of age, with increased intervention for families where additional support is required to mitigate risks that may affect children's health and development and appropriate family functioning. Focus is on family support, parent education, child health and development, early identification of family and child problems, infant-parent bonding, and connecting to services.
3. **Prenatal Substance Abuse Screening, Referral and Services** and substance abuse services for families with children 0 to 5 including tobacco cessation and family-centered treatment.
4. **Mental Health and Special Needs Early Screening and Services:** Consultation for childcare and in-home care programs, family resource centers and home visiting programs by specialists that provides early identification and assessment of children with potential developmental, emotional or physical problems. Consultation may include provider training and technical assistance, and parent-child support.
5. **Compensation Incentives for Early Childhood Educators:** Financial support for early childhood educators linked to education and longevity in position.
6. **Family-friendly Communities Grants:** Small grants to communities for community-based health promotion, injury prevention, and family support/parenting education, recreation and social enrichment and literacy promotion. These local mini-grants would be community-driven.
7. **Mini-grants to Improve Childcare and Preschool Facilities and Programs** including accreditation and licensing, facilities development and improvement for special needs children and general safety, and equipment and materials acquisition especially to develop infant care.
8. **Neighborhood Family Resource Centers:** Neighborhood resource centers linking medical homes and other existing resources (e.g., through schools and community health centers), providing multiple services, educational opportunities and resources for parents, social and peer support; special childcare, early intervention screening services, neighborhood capacity-building and family literacy promotion.
9. **Parents as First Educators and Family Literacy:** English as Second Language and reading development for parents of young children with focus on reading to and teaching their children. Programs promoted through home visitation, family resource centers, and child care/preschool programs.

**10. Parent and Public Education:** Multilingual education and awareness multi-media campaigns to increase knowledge of issues related to child health and safety, community safety, child development, parent-child bonding, parenting practices, early learning and public policy. Parent education classes and peer support programs linked to home visitation, family resource centers, and childcare programs.

**11. Cross Disciplinary Training:** Cross training of professionals serving families with children 0 to 5 on effective family support; substance abuse, domestic violence and mental health screening, referral and intervention among other issues.

**12. Policy Development and Advocacy:** Promoting child and family-friendly local, state and federal policies and legislation to support achievement of strategic results.

Implementation plans for each strategy will more fully describe critical elements through further best practices research and community engagement.

## **RESULTS ACCOUNTABILITY FRAMEWORK**

Goals and objectives were translated into Priority Results, Objectives, and Indicators in order to begin to develop a framework for accountability and evaluation. The Commission selected priority results based on the needs assessment findings in order to articulate what should be different as a result of the work of the Commission. This is only a first step in the process of selecting the most appropriate indicators where data can be effectively collected and analyzed for assessment purposes.

### **Results, Objectives, Indicators and Strategies by Strategic Results Area**

#### ***Strategic Results Area: Improved Child Health: Healthy Children***

##### **Priority Results:**

- Increased percentage of pregnant women with early entry into prenatal care.
- Increased percentage of pregnant and parenting women who abstain from using tobacco, alcohol, and other drugs.
- Increased quality of perinatal care for pregnant and parenting women.
- Decreased percentage of children exposed to tobacco smoke and environmental pollution at home, in the community, and in childcare.
- Increased percentage of children living in safe and healthy communities with access to active recreational opportunities and good nutrition.
- Increased percentage of children with preventive/primary health care (including well-child care, general medical care, and dental care). This includes health/developmental screenings, lead screenings, immunizations, guidance for parents on child development/health promotion/injury prevention, nutrition counseling, dental care, mental health counseling, and medical care.
- Increased percentage of children and families who receive early screening, appropriate identification, and early intervention services for at-risk children and children with special needs and their families. (At-risk and special needs include developmental delay, mental/behavioral health issues, parental substance abuse, domestic violence, child abuse/neglect, physical disabilities, and chronic medical conditions.)
- Increased percentage of children with medical coverage.
- Decreased number of ER visits, hospitalizations, and deaths due to violence, accidents, SIDS, and environmental smoke.

##### **Objectives:**

###### **1. Increase access to quality perinatal care**

###### **Potential Indicators:**

- Increased percentage of pregnant and parenting women who abstain from using tobacco, alcohol, and other drugs.
- Increase in culturally appropriate prenatal, intra-partum and post-partum care for high risk women
- Increase in parenting education and promotion of parent-infant attachment as part of prenatal and post-partum care

- Increase in prenatal and post-partum nutrition and breastfeeding education and support
- Increase in appropriate referrals for dental care, tobacco/drug/ alcohol treatment, domestic violence screening and intervention, mental health including screening and intervention for post-partum depression, family planning, and
- Increase in education about SIDS "Back to Sleep."
- Increased number of providers who have received multi-disciplinary training

**2. Increase access to quality preventive, well-child primary care for all children birth to age 5**

Potential Indicators:

- Increased percentage of children with a "medical home."
- Increased percentage of infants who are breastfed until 6 months of age.
- Increased percentage of children with up to date well baby visits.
- Decreased percentage of anemia, overweight, and underweight infants.
- Decreased percentage of low birth weight.
- Decrease in percentage of infant mortality.
- Decreased percentage of dental caries in children.
- Increased percent of children with up to date immunizations.

**3. Increase early screening, appropriate identification, and early intervention services for at-risk children and children with special needs and their families.**

Potential Indicators:

- Decreased number on waiting lists for mental health services.
- Decreased number of children who are not screened for special developmental, physical or emotional problems before kindergarten.
- Increased number of mental health providers available for children and families.

**4. Increase safe and healthy environments for all children and families at home, in the community, and in childcare.** (Recreation and exercise and good nutrition, preventing illnesses from environmental hazards and tobacco smoke, and preventing injuries and death from drugs/alcohol, violence, motor vehicles, SIDS, drowning, poisoning, burns, falls, and unsafe housing.)

Potential Indicators:

- Decreased number of accidental deaths for children.
- Decreased percent of children exposed to environmental smoke.
- Decreased number of children with elevated blood lead level.
- Increased number of families engaging in physical activity.
- Increased number of families with a nutritious diet.

**Priority Strategies:**

- Coordinated, integrated home visitation and case management prenatal to five years of age linked to continuum of services.

- Neighborhood-based family resource centers with a continuum of culturally competent services and support programs, including tobacco cessation co-located with medical home sites (school-based clinic, WIC, community health centers, etc.).
- Substance abuse screening, referral and family approach intervention services for pregnant women.
- Mental health consultants with child development training available to assist parents, home visitors, medical providers, and child care providers with early screening and identification of problems.
- Cross-training of primary care and child/family support providers for pregnant women and infants and children.
- Countywide information and resources list for pregnant women, families with small children and providers.
- Community grants to promote family-friendliness, community safety, physical exercise, availability of nutritional food, policy changes and sense of community.
- Culturally diverse public education campaigns to prevent injuries, accidental death, tobacco exposure, SIDs, and increase preventive care, breast feeding, etc.

**Additional Strategies:**

- Advocate for health insurance for all children to cover medical, dental and mental health services.
- Advocate for 12-month continuous enrollment and eliminating assets test for infants under Medi-Cal and Healthy Families insurance.
- Coordinate mental health services with medical home.
- Provide health and safety consultation to childcare sites.
- Advocate to limit billboard advertising of tobacco and alcohol in local communities.

## **Results, Objectives, Indicators and Strategies by Strategic Results Area**

### **Strategic Result Area: Children Learning and Ready for School**

#### **Priority Results:**

- Increased number of children receiving quality childcare and preschool experiences.
- Increased percent of centers and homes accredited
- Increase in childcare slots in neighborhoods with greatest need.
- Increase in infant/toddler slots.
- Increased percent of children deemed “ready for school.”
- Decreased percent of children referred for treatment of social emotional or special needs for the first time in kindergarten or first grade.
- Increased number of childcare providers that effectively serve children with emotional, behavioral, or other special needs in typical childcare settings.
- Increased public and private support for childcare and early education, including business participation.
- Increased compensation of early childcare and education providers.
- Increase in employers providing childcare centers on site or assisting employees with childcare.
- Increase in employers providing sick child medical leave for workers.
- Decreased waiting list for subsidized childcare.

#### **Objectives:**

##### **1. Increase education and experience of childcare providers and early educators.**

###### **Potential Indicators:**

- Increased education level of teachers and providers.
- Reduced turnover of qualified teachers.
- Increased incentives for childcare workers linked to education and longevity.

##### **2. Increase capacity to serve children with special needs**

###### **Potential Indicators:**

- Increase in availability of typical childcare settings effectively serving for children with special needs.
- Increase in mental health and special needs consultative services for childcare providers.
- Increase in availability of mental health professionals with childcare and child development expertise

##### **3. Increase availability of licensed, accredited and culturally appropriate childcare for infants and children.**

###### **Potential Indicators:**

- Increased number of licensed childcare providers.

- Increase in number of infant/toddler slots.
- Increased number of providers and facilities providing culturally diverse programs.
- Increased percentage of providers with appropriate early learning materials and equipment.
- Increased use of culturally and developmentally appropriate early learning materials.

#### **4. Increase linkage of childcare providers to parent education, family support programs and children's services.**

Potential Indicators:

- Increase in parenting information and resource and referral information available at childcare sites.
- Increase in screening and referral for emotional, physical and developmental problems at childcare sites.

Priority Strategies:

- Provide substantial incentives linked to retention, higher levels of training, and acquisition of appropriate training to all licensed providers. These may include training stipends, financial bonuses, and benefits.
- Provide ongoing on-site consultations and cross-trainings as needed/requested, to assist childcare providers, mental health professionals, and families in working with children in the childcare setting who exhibit emotional, behavioral or developmental needs.
- Provide grants for facilities and materials improvement for providers who are willing to provide care for children 0-2.
- Provide grants for accreditation and licensing requirements.
- Provide grants to enable providers to meet accessibility requirements for children with special needs.
- Develop outreach program to local business to develop family-friendly benefit packages including on-site childcare, parental leave programs for parents with sick children, etc.
- Provide incentive grants for development of culturally and linguistically appropriate providers.
- Provide mental health assessments and developmental screenings for children attending, or applying for, typical childcare programs who exhibit emotional, behavioral or developmental needs.
- Provide information and reciprocal training of childcare and mental health professionals to insure appropriate referrals for children who exhibit emotional, behavioral or developmental needs.

**Additional Strategies:**

- Expand mentor teacher programs
- Advocate for increase in subsidized early care and education

## **Results, Objectives, Indicators and Strategies by Strategic Results Area**

### **Strategic Result Area: Improved Family Functioning: Safe, Nurturing Families and Communities**

#### **Priority Results:**

- Reduced number of substantiated cases of child abuse and out of home placements.
- Increased number of parents participating in home visits, parent education, resource centers and peer support programs.
- Reduced reports of domestic violence
- Increased number of parents demonstrating improved parent-child interaction
- Increased number of providers (prenatal care, substance abuse, domestic violence, pediatrics, etc.) providing parenting education
- Reduced parental use of tobacco, alcohol and other drugs
- Improved parental knowledge, attitudes, and skills in child development, parenting, and infant and child health and well-being
- Increased family literacy rates
- Reduced isolation of parents of young children
- Increased number of parents reading to their children.

#### **Objectives:**

##### **1. Increase delivery of culturally appropriate parenting education in diverse settings**

###### **Potential Indicators:**

- Increased number of providers and programs (prenatal care, substance abuse, domestic violence, pediatrics, etc.) providing parenting education.
- Number of families using library for parent education materials.
- Number of parents reached through media.

##### **2. Increase family support services and programs**

###### **Potential Indicators:**

- Increased number of calls to parent hotline or warm-line.
- Increase in appropriate referrals to intervention services (e.g., substance abuse counseling, mental health counseling, etc.)
- Increased percent of children meeting schedule of well-child medical visits.
- Decrease in number of “no show” well-baby visits
- Increase in the number of families receiving home visits, prenatal to five.
- Decrease in family crisis intervention cases
- Increase in the number of family resource centers and support programs

#### **Priority Strategies:**

- Develop neighborhood/community resource centers.

- Expand parent education, home visits, and other family support in community settings, creating linkages with child care centers, medical centers, and other services.
- Develop multi-lingual, multi-cultural services and materials (print, audiovisual, etc.) for diverse populations.
- Develop/adapt a countywide system to improve access to current information, services and data (possible web-site for providers and 1(800) number for parents and community).
- Expand multi-media programs (especially multi-lingual, multi-cultural radio and TV programs)
- Provide training for professionals working in prenatal care, substance abuse, domestic violence, pediatrics, etc., to increase parent education and family support in these settings.
- Expand family literacy programs, with lending library of multi-lingual books for children

**Additional Strategies:**

- Distribute educational materials (educational toys, books, car seat, laminated information cards, etc.) for parents participating in educational programs
- Increase referrals
- Create job aides/tools for providers
- Modify care standards (prenatal, substance abuse, domestic violence, etc.) to include parent education
- Provide temporary assistance with material support (e.g. transportation)
- Expand parent hotlines and “warm lines”
- Continue baby bag type materials for parents of newborns
- Provide support groups for parents
- Provide life skills training, including ESL
- Conduct parent advocacy training
- Provide workplace-based parent education programs
- Create safe places for families to gather
- Develop neighborhood-focused community building
- Provide mini grants to small community groups at the neighborhood level
- Provide in-service training and fund possible staff position for system-wide coordination

## **Results, Objectives, Indicators and Strategies by Strategic Results Area**

### **Strategic Result Area: Improved Systems for Families: Integrated, Accessible and Culturally Appropriate Services**

#### **Priority Results:**

- Community supports policies and resource allocation that makes children and families a priority.
- Services reduce disparities in health status, school readiness and family functioning across diverse ethnic groups and geographic areas of Contra Costa.
- Services are accessible for families with children with special needs.
- System of care for families and children appears seamless.
- Increased community participation in decision-making on policies and practices affecting families and children.
- Policies and practices maximize revenue and allocation of funds.
- Allocation is based on effectiveness of strategies and programs.

#### **Objectives:**

##### **1. Increase service integration**

###### **Potential Indicators:**

- Increased number of service providers with interdisciplinary training.
- Increased number of agencies and groups collaborating to provide integrated services.
- Increased understanding by providers of services and programs available for children and families.
- Shared accountability for achieving results.
- Pooled resources to achieve results.
- Increase in sites offering comprehensive services in local neighborhoods.

##### **2. Increase accessibility of services**

###### **Potential Indicators:**

- Increased numbers of service providers who are ethnically and culturally reflective of their communities.
- Increased access to services through development of conveniently located services sites, co-location with other service providers and community based organizations, or multi-disciplinary home-based services.
- Increase in data collection, analysis and reporting by ethnic groups and sub-county levels.
- Increased planning and capacity in areas with greatest need based on data.
- Increase in services available in various languages.

### **3. Increase public policies that make healthy children and families a priority.**

#### **Potential Indicators:**

- Joint community planning efforts and decisions on revenue maximization and fund allocations.
- Increase in support for critical needs such as affordable childcare, mental, dental and health care services for all children and families.
- Increase in community dialogue on issues related to children and families.
- Increased understanding by policy makers of issues related to children and families including best practices and supportive policies.

#### **Priority Strategies:**

- Countywide information and referral system accessible to providers via the internet.
- Cross-professional training of professionals from various disciplines to achieve a better understanding of the needs of children and families from a comprehensive perspective
- Feasibility study to explore financing requirements to assure affordable, quality childcare and early education for all Contra Costa children
- Development of a collaborative, centralized data collection system on key indicators of child health and well-being.
- On-going community dialogue meetings throughout the county on issues related to children and families and assessment of progress toward a collective vision for children and families.

#### **Additional Strategies:**

- Development of a policy agenda for action on child health, early childhood education, family support and community-building.
- On-going convening of public and private providers and experts on strategic result areas for research, innovation, and development of effective practices.

### **Planning Matrix**

The *Planning Matrix, Attachment A*, lists each desired result, related objectives and indicators. It links each priority strategy with those strategic results area to be impacted. It also depicts which indicators of success are potentially generated by the strategies and subsequent efforts.

## ALLOCATION OF FUNDS

Based on funds received by the Commission from the state from January 1999 to December 30, 2000 and the projected revenues for Calendar Year 2000, the Commission has devised a spending plan that takes into account startup costs, long-term financial sustainability, annualized spending for each of the program areas and the administrative costs of operating the Commission. The table below reflects the spending priorities adopted at the Retreat.

<b>Table 2: Proposed Allocations</b>		
<b>Funding Category</b>	<b>\$13 million (Projected FY 2000-2001)</b>	<b>\$10.5 million (Accumulated in 1999)</b>
	<b>Implementation</b>	<b>Startup</b>
<b>Strategic Results/Twelve Strategic Priorities</b>		
▪ Healthy Children	\$2.93 Million	
▪ Children Ready for School	\$2.93 Million	
▪ Safe, Nurturing Families and Communities	\$2.93 Million	
▪ Integrated Systems	\$1.0 Million	
<b>Total Allocations/Strategic Results</b>	<b>75.5% \$9.8 Million</b>	
<b>Program Enhancements</b>		
▪ Long-term sustainability and financial investment	10% \$1.3 Million	\$8.3 Million
▪ Research and evaluation	5% \$650,000	\$1 Million
▪ Civic engagement, public education, and policy advocacy	3% \$390,000	
▪ Technical Assistance and Program Support	1.5% \$195,000	
<b>Total Allocations Program Enhancements</b>	<b>19.5% \$2.5 Million</b>	
<b>Total Allocations All Program Areas</b>	<b>95% \$12.3 Million</b>	
<b>Total Allocations Administration and Operations</b>	<b>5% \$650,000</b>	\$400,000
• Operational reserve		\$800,000

### **Annualized Budget (July 1, 2000, to June 30, 2001)**

The Commission has adopted a fiscal year calendar consistent with the county's fiscal year. On an annualized operating basis [fiscal year from July 1 through June 30], the Commission has approximated the budget at \$13 million. Administrative costs of operating the Commission will be limited to five (5) percent of the overall annual budget. **Ninety-five percent of the annual budget will be utilized for strategic results programs and program enhancement including sustainability.**

As indicated, the Commission has projected an annualized spending level of \$13 million. Since this amount may vary from year to year, depending on the Commission's Proposition 10 allocation from the State, and given that there will be a reduction in Proposition 10 funds over time, a percentage guide is also indicated above, along with the anticipated dollar amount for the fiscal year beginning July 1, 2000.

### **Description of Allocations, FY 2000 - 2001**

Funds associated with the **strategic results areas** are set aside to implement **priority strategies**. Commission members strongly believe that the strategies chosen for allocation of funds will largely cut across specific strategic results areas. Allocations will actually be based on the cost of implementing the strategies effectively. Therefore, the amount identified for each strategic results area is only a placeholder to address the request of the State Commission. The exception to this is the allocation for two strategies in the area of childcare and early education that do not easily cross multiple results areas. It is the Commission feeling that categorizing allocation of funds to individual results areas will not bring about an integration of services and programs, but in fact perpetuate categorical planning. The Commission is committed to the vision of creating a comprehensive, integrated system of programs, services, and activities for children 0 to 5 and their families.

**Program enhancement** expenditures are essential program-related expenses defined below.

Long-term sustainability funds will be invested to continue to build the endowment to sustain the efforts of the Commission as Prop 10 funds are reduced due to lower tobacco sales and inflation. Funds accumulated during fiscal 1999 will provide the initial funding of the endowment. (See description below)

Research and evaluation is viewed both in terms of an initial cost and an ongoing cost. At this early stage, the Commission believes that a one-time startup amount of \$1 million should be allocated from the funds accumulated in 1999 and committed to the area of developing data systems and research strategies, and acquiring technology for use over the long run. Also, an ongoing funding level of five (5) percent is proposed for ongoing costs related to research, data collection, and evaluation activities. It is the hope of the Commission to stimulate broad-based, coordinated data collection on the zero to five population in Contra Costa.

Civic engagement, public education, and policy advocacy is viewed as an important effort that will keep the Contra Costa community engaged in the ongoing work of the Commission; provide information to the public about the Commission's programs;

support public education campaigns, and allow Commission leaders, staff, and supporters to work for legislative and other changes at local, state, and national levels.

Finally, technical assistance and program support is proposed as a way of helping local agencies prepare themselves for implementing projects and for working more closely with other agencies in the county. This line item will fund technical assistance to local agencies to enable them to be more effective participants in the integrated effort to improve services for children and families. This activity will also include grant writing and fundraising from other sources, and resource development in support of Commission goals and objectives. The Commission is committed to developing potential public and private partnerships to expand and sustain its efforts.

**Administration and Operations** will pay for payroll and benefits of staff not related to programs, rent, office materials, technology, phones, annual audit and other related costs of doing business.

### **Use of Accumulated Funds**

Since the Commission has been accumulating funds since Proposition 10 became effective in January 1999, these funds have been held in trust by Contra Costa County. As there is a lag time of 2-3 months in the distribution of accruals from the state, approximately \$10.5 million is available in this pool from Calendar Year 1999. (Beginning in January 2000, all funds received will be rolled into the fiscal year 2000-2001 budget.)

Rather than spend all the accumulated funds for operational activities, the Commission felt strongly that most of these funds should be applied towards developing an endowment fund to sustain the Commission's efforts over time; \$8.3 million is proposed for this purpose. The Commission decided to implement the fund at approximately \$8 million during the inaugural year to lessen the burden on subsequent budgets and to more quickly reach the goal of \$25 million. The principal and interest accumulated will be left untouched for a period of years so that the endowment can grow. As annual allocations to the Contra Costa program begin to dwindle, due to falling sales of tobacco products and inflation, interest from the endowment can be used to replace decreasing annual funds, with the goal of the endowment program being to sustain funding at or close to the level of the early years. The Commission sees an opportunity to develop contributions from corporate and foundation sources to augment the Commission contributions.

In addition, \$800,000 is earmarked for a revolving operating reserve account (6.15% of the annual budget). This one-time only allocation will ensure that the Commission will always be able to make timely payment on its obligations.

The final amount designated for special start-up activity is the \$1 million set aside for the data systems and technology fund, as previously mentioned. More refined strategies for data systems development and technology will be forthcoming as the Commission undertakes further work in this area.

Since program funds for local agencies will not be released until the late summer of 2000 or even early 2001 for some strategies, after a request for applications (RFA)

process has run its course, several months of funding will accumulate during Calendar Year 2000 before funds are disbursed to agencies receiving grants and contracts.

These funds will allow the Commission to advance funds to agencies, rather than require them to wait several weeks or months before receiving funds after expenditures have been made. For smaller agencies with limited financial capacity, this mode of payment will be a distinct advantage in our effective startup of executed contracts.

### **A Note on Infrastructure Development**

The Commission realizes that it has much work to accomplish before it can operate programs effectively and efficiently. The infrastructure needs to be developed to strengthen the operational structure of the Commission itself, as well as support systems changes needed across human services agencies and systems within Contra Costa County. Most of these costs will be reflected in the annual budget for administration and operations, and under specific areas of the program allocations. Some will be one-time costs of an administrative or programmatic nature.

Development of long-term research, data collection, and evaluation strategies, including support of technology for data collection throughout the county, represents an infrastructure development issue that requires extensive thinking and commitment by the Commission. Considerable cooperation and collaboration between and among many agencies in Contra Costa will need to occur over a sustained period of time before a fully integrated data system will be functional, allowing the Commission and its many partners to track results and indicators of progress for children and families along the various dimensions outlined in this plan.

## **IMPLEMENTATION PLAN**

The Contra Costa Children and Families Commission will begin immediately to frame and timeline the implementation of each selected strategy. The framing of strategies will include defining more fully what each is intended to achieve and where implementation should be targeted to most effectively utilize resources. Building on the best practices research and allowing for diverse community contexts, criteria and frameworks will be developed and funding allocated through various methods including grants, contracts and memorandum of understanding. The Commission recognizes that a deliberate and well-conceived implementation plan will prevent fumbling first steps that are likely to frustrate the community, applicants and other stakeholders. However, it is equally important to move forward as quickly as feasible.

Briefing papers, expert presentations and task groups of program specialists formed to make recommendations will assist the Commission in developing framing criteria and approaches specific to the needs and assets of Contra Costa communities. Staging of implementation is dependent on several factors including development of cogent approaches to implementation, readiness of community partners and availability of matching funds. Funding of childcare strategies is planned for late summer or early fall. It is likely that implementations of the Information and Referral/Warm line System and Home Visitation will occur in the early fall along with community grants. Implementation of other strategies will follow as appropriate approaches are developed with start-up of all strategies expected by the end of the fiscal year.

Implementation must also be linked to development of evaluation methods, processes, measurements, and expectations. An estimated timeline follows outlining a work plan for the next several months.

### **Estimated Implementation Timeline**

June 2000:

- Evaluation planning: Issue Request for Applications
- Establish an Implementation sub-committee
- Establish an Evaluation sub-committee

July 2000

- Utilizing consultants and experts: frame approach to implementing one to two strategies, including child care
- Develop eligibility criteria for applicant selection
- Develop Request for Application or Qualifications to potential applicant agencies

August 2000

- Select evaluation consultant(s)
- Develop second Request for Application or Qualifications
- Draft contract
- Select Issue childcare strategies contractor(s)

September 2000

- Release second RFA

October / November 2000

- Award contracts

## EVALUATION AND DATA DEVELOPMENT

The Contra Costa Children and Families Commission recognizes that research and evaluation is essential to the overall effort to improve services for children and families. To this end, the Commission has established a special funding category for Research and Evaluation at a startup level of \$1 million; these funds are committed to infrastructure development work, including acquisition of needed technology. Furthermore, the Commission recognizes the need to support ongoing research and evaluation at the level of five percent of the annual operating budget. These two funding components will enable a well-developed, effective research and evaluation strategy to be formulated and supported initially and throughout the duration of the Commission's work.

The Commission's plan involves four strategic results, within and across which programs and projects will function. The evaluation strategy will need to focus upon assessing results in each of the four strategic results areas. Achieving results in these four areas is a long-term process that begins with immediate efforts to improve systems and services. Thus, both short-term and long-term evaluation strategies are required, the former to ensure that specific projects, activities, and efforts are on target, and the latter to demonstrate that a cumulative effect is occurring from all efforts by the Commission and its collaborators and partners committed to achieving these strategic ends. As the Commission begins to fund projects, evaluation will be a necessary activity within the scope of each project. Simultaneously, the Commission and its collaborators will work to build the long-term data system that will allow measurement of global results over time.

Evaluation will focus upon both process and results-based measures: Process measures will cover issues related to specific project performance (efforts, strategies, costs, activities completed, and timeliness, among others). This focus can apply to small projects, large projects, and to the activities of the Commission itself. Results-based measures are oriented towards changes in the functioning and well-being of children and families. At the planning retreat, the Commission selected some indicators of desired results, but until the most appropriate measures with available and accessible baseline and future data are determined these only express what the Commission hopes to measure and change. Much work remains in this area before the specific elements of a long-term evaluation plan are adopted.

Evaluation will be completed at several levels:

1. Individual projects selected for funding by the Commission will be required to submit an evaluation plan as part of the funding request proposal. Technical assistance will be provided to assist grantees to develop their plans. The scope of the evaluation will be in line with the activity proposed within the project. The evaluation can include both process and results oriented measures, and qualitative as well as quantitative dimensions. These measures will be linked to the overall outcome indicators. It is expected that at least quarterly progress reports will be expected from grant recipients, a portion of which will focus upon the efforts and results related to the evaluation component.

Individual projects will also be expected to participate in wider evaluation activities, including data collection, special studies, participation in discussions related to developing data and evaluation systems, and other, to be defined evaluation-related activities.

2. On a commission-wide basis, progress on all the various pieces of the evaluation components will be summarized and reported to the Commission at least quarterly. Not only will individual project evaluations be covered, but larger efforts to build an infrastructure across county agencies and systems, that will lead to wide area evaluation measures (e.g., progress within a region of the county), will also be described to the Commission. The Executive Director will be responsible for ensuring that the evaluation component and effort is moving towards the larger, longer-term measurement of results that the overall program is intended to impact.
3. At the highest program level, the Contra Costa Children and Families Commission will be collaborating with other county commissions across the State, the State Commission itself, and other entities to develop and implement statewide evaluation activities that will show the public and legislative and policy officials the degree of progress that the program is making statewide to achieve results in the several strategic areas. To this end, the Contra Costa Commission is prepared to cooperate with statewide evaluation efforts in furtherance of this important effort.

Evaluation is essential to achieving accountability at all levels of activity. Without accurate and objective evaluation results, efforts to improve services to children and families in Contra Costa County will not develop the constituency to sustain efforts. Evaluation results can promote long-term commitment to prevention efforts and light the way towards the successful pursuit of goals. The Commission expects to make a serious commitment to evaluation as its work proceeds, and it expects its partners at all levels to commit to a serious effort to measure progress and adjust strategies accordingly. The Contra Costa Commission will look to the State Commission for strategic guidance, material assistance, and periodic progress reports about how well the program is doing across the state over the next several years.

## SUMMARY

The Contra Costa Children and Families Commission has made a commitment to the ideal of a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the lives of young children and their families.

The Commission approached the development of this strategic plan with a clear set of guiding principles and values as the foundation for the development of the specific elements that would be encompassed in the final plan. Voices of parents, professionals, caregivers, and concerned individuals in the public and private sectors were heard, and a thoughtful process was implemented that took into account the needs of a diverse community. With each choice about the specifics of this plan, the Commission endeavored to keep young children and their families at the center of every decision.

The Commission made final decisions based on principles and values. The choice of each strategy was considered primarily in relation to the following key principles and values:

- Understanding the diverse needs, cultures and communities of the county.
- Respecting science, best practices, experience, and proven methods.
- Respecting families and keeping them at the center of the process.
- Listening to the community and engaging them in our decision-making process.
- Influencing broad systems and policy change.
- Balancing short-term success with investments that create fundamental long-term change.
- Remembering that all children are important and striving to create equal opportunities for every young child.

As a result, the Commission adopted strategies and allocation decisions that are ambitious and embody the value of an integrated system of programs, activities, and services which focus upon a holistic approach to working with young children and their families. Each strategy in this plan is based on the possibility of creating a core change in Contra Costa County. This change would put the needs of young children at the center of each policy decision. The choice of strategies reflects the Commission's commitment to funding cross-cutting strategies and not to approach allocation of these funds in a categorical manner.

The Commission was heartened by and deeply appreciative of the substantial participation and contributions of our community in developing this plan. It is only with continued community engagement that this effort will succeed. We intend to build on what has begun.